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Image# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL Fresenius Medical Care North America PAC (b) Number and Street Address 1875 'I' Street, NW 2. FEC IDENTIFICATION NUMBER C00401299 Twelfth Floor (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) ☐ STATE PARTY Washington DC 20006 I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: -FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Office Sought State/District Date Name (i) MICHAEL BILIRAKIS 07/16/2004 House FL 09 (ii) DAVID LEE Lee CAMP 06/23/2005 House MI 04 (iii) PICKERING FOR CONGRESS House MS 03 03/27/2006 (iv) FRIENDS OF KENT CONRAD ND 09/20/2005 Senate 00 (v) JEFFERSON COMMITTEE House LA 02 07/16/2004 Contributors: The committee received a contribution from its 51st contributor 05/12/2006 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 05/24/2004 (d) Qualification: The committee met the above requirements on: 05/12/2006 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER DATE Electronically Filed by Kathleen Smith 07/12/2006 Kathleen Smith

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

FEC FORM 1 M